CERTIFICATE OF DEATH

1 200 1	BIRTH NO.				REGISTRAR'S NO.	40
<i>T</i> 1C 1	1. PLACE OF DEATH		B. LENGTH OF STAY	2. USUAL RESIDENCE	(WHERE DECEASED LIVED,	
CE OF DEATH	A. COUNTY Yum	9	25 yrs. 25 yrs		IF INSTITUTION: RESIDENCE 8. COUN	e before admission). TY Yuma
POAND GO	C. CITY		IN CITY LIMITS	C. CITY] IN CITY LIMITS
0 10	тойн Roll	L	OUTSIDE CITY LIMIT	5 town Rol	1 🐹	OUTSIDE CITY LIMITS
IAL RESIDENCE	D. FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPITAL OR I	INSTITUTION, GIVE STREE	D. STREET	(IF RURAL,	GIVE LOCATION)
<u> </u>	INSTITUTION	R	toll	ADDRESS 1 b	lk. So. of Schoo	1
/	3. NAME OF A. DECEASED	(FIRST) B.	(MIDDEE)	. (LAST)	4. SEX	5. COLOR OR RACE
6	(TYPE OR PRINT)		FIDELA	CILMORE	F	White
استم	6. MARRIEO, NEVER MARRIED, WIDDWED, DIVORCED (SPECIFY)	7. DATE OF BIRTH	8. AGE (IN YEARS IF U	DER 1 YEAR IF UNDER 24 HRS.	9A. USUAL OCCUPATION	GIVE KIND OF WORK
DECEDENT 1	Widowed	May 4 1874	LAST GIRTHDAY) MONT	HS DAYS HOURS MIN.	DURING MOST OF LIFE	E. EVEN IF RETIRED).
PERSONAL	98. KIND OF BUSI- NESS OR INDUSTRY	10. BIRTHPLACE (STATE			N U. S. ARMED FORCES?	13. SOCIAL SECURITY
PERSUNAL OF	Home	or foreign country) Kansas	U.S.A.	NO NO. OR UNKNOWN (IF Y	ES, WAR OR DATES OF SERVICE)	None
DATA / O =	14A. FATHER'S NAME		14B. BIRTHPLACE	15A. MOTHER'S MAID	EN NAME	15B. BIRTHPLACE
' 11	David Ingera	soll	(STATE OR COUNTRY) Illinois	Mary T. Rus	[[az	(STATE OR COUNTRY) Illinois
7	16. INFORMANT'S, SIG		ADDRESS	17. DATE		
253	Stephen	4 ilmon	Roll, Ariz		February 12	
	18. CAUSE OF DEATH			ERTIFICATION	1 0 01 ddilj 11.	INTERVAL BETWEEN
	ENTER ONLY ONE CAUSE PER LINE FOR (ATTIME)	I. DISEASE OK COMP.	ITIONS 🎤	die La Cours	He makens	ONSET AND DEATH
CAUSE	(c). 12 (d) Y	DIRECTLY LEADING TO	O DEATH+ (A)	The factor	C Company CC	4 2042
OF	THIS DOES NOT MEAN THE MODE OF DYING.	ANTECEDENT CAUSES		meeter one	De at we a	
DEATH (SUCH AS HEART FAIL- URE, ASTHENIA, ETC.	MORBID CONDITIONS, IF GIVING RISE TO THE	ABOVE	- / typer in	grace our way	
ا ح	IT MEANS THE DISEASE INJURY, OR COMPLICA-	CAUSE (A) STATING TH DERLYING CAUSE LAST.	E UN-	Deserve		
(81 MaTI)	TION WHICH CAUSED DEATH.	11. OTHER SIGNIFICA	DUE TO (C	<u>) </u>	·	
<i>- 11</i> 1						
<i>U</i>	PLACE DISEASE CON- TRACTED.	CONDITIONS CONTRIBUTION	NG TO THE DEATH BUT N	OT : DEATH		
PERATIONS,	PLACE DISEASE CON-	CONDITIONS CONTRIBUTION RELATING TO THE DISEAS	NG TO THE DEATH BUT NE OR CONDITION CAUSING	DEATH.		20. AUTOPSY?
PERATIONS, AUTOPSY	PLACE DISEASE CON- Tracted.	CONDITIONS CONTRIBUTION RELATING TO THE DISEAS	NG TO THE DEATH BUT NEEDS CONDITION CAUSING	DEATH.		1 ?
AUTOPSY 2	PLACE DISEASE CONTRACTED. 19A. DATE OF OPERA 21A. ACCIDENT	CONDITIONS CONTRIBUTION RELATING TO THE DISEAS	IG TO THE DEATH BUT NE OR CONDITION CAUSING FINDINGS OF OPERA	DEATH. ION RY (E. G., IN OR ABOUT HOME.	21C. (CITY OR TOWN)	YES NO TO
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